



06-27-05

EXPRESS MAIL NO. EV335546775US

7/21/05

# TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number	10/634,874
Filing Date	August 6, 2003
First Named Inventor	Babak Habibi
Art Unit	3661
Examiner Name	McDieunel Marc
Attorney Docket No.	170154.401C1

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Request for Corrected Filing	<input type="checkbox"/> Communication to TC
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Receipt	<input type="checkbox"/> Appeal Communication to
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	Board of Appeals and
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition	Interferences
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a	<input type="checkbox"/> Appeal Communication to
<input type="checkbox"/> Express Abandonment	<input type="checkbox"/> Provisional Application	TC (Appeal Notice, Brief, Reply Brief)
Request	<input type="checkbox"/> Power of Attorney,	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Information Disclosure	<input type="checkbox"/> Revocation, Change of	<input type="checkbox"/> Status Letter
Statement; Form PTO-1449	<input type="checkbox"/> Correspondence Address	<input checked="" type="checkbox"/> Return Receipt Postcard
<input checked="" type="checkbox"/> Cited References	<input type="checkbox"/> Declaration	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Certified Copy of Priority	<input type="checkbox"/> Statement under 37 CFR	<hr/>
Document(s)	<input type="checkbox"/> 3.73(b)	<hr/>
<input type="checkbox"/> Response to Missing Parts	<input type="checkbox"/> Terminal Disclaimer	<hr/>
under 37 C.F.R. 1.52 or 1.53	<input type="checkbox"/> Request for Refund	<hr/>
<input type="checkbox"/> Response to Missing	<input type="checkbox"/> CD, Number	<hr/>
Parts/Incomplete Application	<input type="checkbox"/> of CD(s)	<hr/>
	<input type="checkbox"/> Landscape Table on CD	

## Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number
		00500
Signature		
Printed Name	Frank Abramonte	
Date	June 23, 2005	Reg. No. 38,066

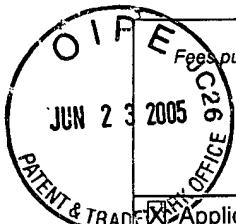
## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	
Typed or printed name	Date:

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$240)**

Complete if Known	
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#### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments  Charge any underpayments or credit any overpayments  
 of fee(s) under 37 CFR 1.16 and 1.17

**Warning:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

#### FEE CALCULATION

##### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity		Small Entity		Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

##### 2. EXCESS CLAIM FEES

###### Fee Description

	Small Entity	Small Entity
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
29	-20 or HP = 0 X _____ = _____			Fee (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	-3 or HP = 0 X _____ = _____		

HP = highest number of independent claims paid for, if greater than 3

##### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	-100 = _____	/50 = _____ (round up to a whole number)	x	_____

##### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) \_\_\_\_\_

Other (e.g., late filing surcharge): Fee for Information Disclosure Statement **180**

Fee for one-month extension of time **60**

#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	38,066	Telephone	206-622-4900
Name (Print/Type)	Frank Abramonte			Date	June 23, 2005